



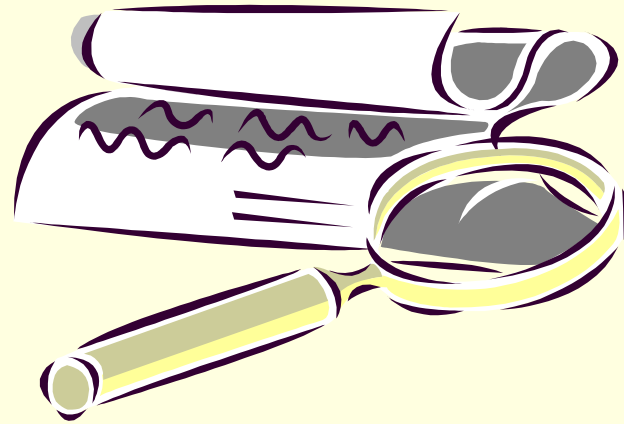
Los Angeles County Department of Mental Health Chief Information Office Bureau

Technological Needs Funding Agreement (TNFA) Orientation

AGENDA

- Welcome
- Introductions
- Orientation Structure
 - Executive Directors
 - TNFA Overview
 - Invoices & Cost Report
 - Program Manager
 - Assets
 - Quarterly Project Status Reports
 - Change Notices & Amendments





Technological Needs Funding Agreement (TNFA) Overview

Sample Agreement Structure

- Main Body of Agreement
- 12 Exhibits
 - 6 TNFA Project Exhibits (A-E & L)
 - (A) **Project Proposal(s)**
 - (B) Project Status Report
 - (C) Invoice
 - (D) Form of Change Notice
 - (E) Start-Up Funds Request
 - (L) Technological Needs Guidelines*

* http://www.dmh.ca.gov/DMHDocs/docs/notices08/08-09_Enclosure_3.pdf

Sample Agreement Structure

- 6 Standard County Contract Exhibits (F-K)
 - (F-1) Contractor Acknowledgement and Confidentiality Agreement
 - (F-2) Contractor *Employee* Acknowledgement and Confidentiality Agreement
 - (G) Subcontractor / Non-Employee Acknowledgement and Confidentiality Agreement
 - (H) Contractor's EEO Certification
 - (I) [Intentionally Omitted]
 - (J) Safely Surrendered Baby Law
 - (K) Charitable Contributions Certification



Key Agreement Terms and Conditions

Administration of Agreement: Key Roles (Paragraph 2.0 – 3.0)

Director	Marvin Southard, D.S.W.
County's Project Director	Bob Greenless, Ph.D.
County's Project Manager	Gordon Bunch, M.A.

Administration of Agreement: Key Roles (Paragraph 2.0 – 3.0)

- Contractor's Project Director
 - Must be **an employee** of agency **and have contract signing authority**
- Contractor's Project Manager
 - May be **an employee** of agency
 - May be a **contractor**
- Notification of Changes in Key Roles required

Term of Agreement:

(Paragraph 5.0)

- Initial Term:
 - Date of Execution to 6/30/16 fixed end*
- Month-to-Month Extension:
 - Up to 18 months
 - 7/1/16 – 12/31/17

* Term end-point fixed for all contractors regardless of Date of Execution

Term of Agreement:

(Paragraph 5.0)

- Contractor to notify County when agreement is within 6 months of expiration
- Suspension for Cause
- Immediate Termination

Change Notices & Amendments:

(Paragraph 6.0)

-
- All changes subsequent to execution of the Agreement will require a:
 - Change Notice
 - or
 - Amendment

Change Notices

(Paragraph 6.0)

-
- All changes subsequent to execution of the Agreement will require a Change Notice or Amendment.
 - Change Notice
 - Changes to project scope, schedule and approach
 - Changes to budget $\leq 15\%$
 - Adding new project(s)
 - Amendments – 2 Types
 - County will determine if changes require an Amendment on a case-by-case basis.

Amendments

(Paragraph 6.0)

- Delegated Authority Amendment

- Changes Agreement within Delegated Authority, but beyond Change Notice.

- Negotiated Amendment

- Any change that substantially affects the direction or outcome of project(s), or changes payment provision, or any term or condition of the Agreement
- Changes to project schedule(s), approach(es), and project scope(s) must be submitted in writing, and made by mutual agreement.
- On a case-by-case basis, County will determine if changes above require a negotiated amendment.

Form of Change Notice

(Paragraph 6.0)

-
- $\leq 15\%$ shifts within a Project Budget
 - $\leq 15\%$ shifts between 2 or more Projects
 - $\leq 15\%$ of any project budget – shifting uncommitted funds to or from your Total Compensation Amount (TCA)
 - Modify Project Scope, Schedule, Approach
 - Add a new project to the TNFA

Delegated Authority Amendments

(Paragraph 6.0)

- Increase the TCA \leq 20%
- Decrease the TCA – no limit
- Change terms and conditions of the agreement, as needed, to meet future County mandated revisions (e.g., HIPAA requirements)
- Extend the term of the agreement up to 18 months (December 31, 2017)

Negotiated Amendments

(Paragraph 6.0)

- Project Budget changes of any type >15% (within project, between projects, increase from TCA, or decrease to TCA)
- Project Termination (contractor or DMH initiated)
- Increase the TCA > 20%

Negotiated Amendments

(Paragraph 6.0)

- Changes affecting payments
- Changes to agreement terms and conditions not mandated by County
- Mergers and Acquisitions
- Major changes in Scope, Approach, or Schedule

Compensation

(Paragraph 7.0)

- Payments will be in accordance with Project Budget Summary (Exhibit 4 to Exhibit A)
- Sum of Projects in Exhibit A may be less than the TCA (Paragraph 7.2 & 7.3)
- TCA will reflect the amount DMH has allocated to each provider (Paragraph 7.4)
- Contractor to notify DMH when 75% of TCA funds has been expended

Billing

(Paragraph 8.0)

- Invoices are project specific
- Invoices shall be paid within 30 days of receipt
- Invoice must be completed properly and have all necessary documentation

Billing

(Paragraph 8.0)

- Invoices submitted to:

County of Los Angeles

Department of Mental Health

Chief Information Office Bureau

695 S. Vermont Avenue, 7th Floor

Los Angeles, CA 90005

Attention: Gordon Bunch

Billing

(Paragraph 8.0)

- 30 day processing period begins upon submission of a properly prepared invoice
- Chief Information Office Bureau (CIOB) has 45 days to notify Contractor of invoice discrepancies and dispute charges via Written Notification to Contractor
- Contractor has 45 days to send written explanation to justify charges
- Payments on subsequent approved Invoices will not be delayed during the review of discrepancies or disputed charges

Billing

(Paragraph 8.0)

- Invoice Flow: Approved Invoices
 - CIOB (During the review/approval of County Project Director)
 - CIOB forwards to Finance
 - Finance processes and forwards to Provider Reimbursement
 - Provider Reimbursement pays Contractor

Compensation - Start-up Funds

(Paragraph 9.0)

- May be up to 20% of MHSA-funded portion of a project
- Start-up Funds are one-time-only per project
- Start-up Funds must be identified and described in the project proposal Cost Justification and Budget
- Contractor, following date of contract execution, sends CIOB a Start-up Funds Request (invoice)
- CIOB processes and forwards to Finance

Indemnification and Insurance

(Paragraph 10.0)

- Standard Provisions for Contractor and Subcontractors
 - General Liability
 - Auto Liability
 - Workers Compensation & Employer Liability
 - Sexual Misconduct Liability
 - Professional Liability
 - Property Coverage

Indemnification and Insurance

(Paragraph 10.0)

- Insurance Certificates must be sent to:

Los Angeles County

Department of Mental Health

Contracts Development and Administration Division

550 S. Vermont Ave., 5th Floor

Los Angeles CA 90020

Sub-Contracting

(Paragraph 11.0)

- County must approve all Subcontracting on a case-by-case basis following written request of Contractor outlining:
 - Purpose of the request
 - Description of work & cost
 - Identification of Subcontractor and selection process
 - Copy of executed Subcontract agreement

Sub-Contracting

(Paragraph 11.0)

- Subcontracts > \$10K must include provision for maintaining records (7 years) to be available for State audit (Contractor subject to same)
- County retains right to terminate a Subcontractor agreement in whole or in part
- All TNFA provisions and any amendments apply to the subcontractor

Records and Audits

(Paragraph 12.0)

- Contractor to maintain accurate employment, financial, & other records
- County has right to examine and audit
- Contractor to retain records during term and 5 years following termination

Records and Audits

(Paragraph 12.0)

- No commitment on County's part to a fixed monitoring/audit schedule
- Ongoing review via Quarterly Project Status Reports and Post-Implementation Evaluation Report (s)
- Contractor to report all eligible annual Fiscal Year project expenditures in the Legal Entity Cost Report

Purchases

(Paragraph 21.0)

- One year following successful completion of a project, County releases proprietary interest in all project-related equipment purchased with County funds
- Upon termination for cause, items may be reclaimed by County for projects that do not meet the condition above
- Contractor maintains Inventory and reports to County (90 days following Date of Execution and updated annually each September 30th)
- Loss/damage/theft must be reported

Performance Standards (PS) and Outcome Measures (OM)

(Paragraph 28.0)

- Contractor must comply with all applicable Federal, State, and County policies and procedures related to PS and OM.
- Specific Performance Standards
 - Adherence to MHSA Technological Goals
 - Adherence to baseline DMH – Electronic Data Interchange Requirements as they are defined & IBHIS Readiness
 - Project Delivery on time and within budget
 - Realization of Expected Project Benefits

Dispute Resolution Procedure

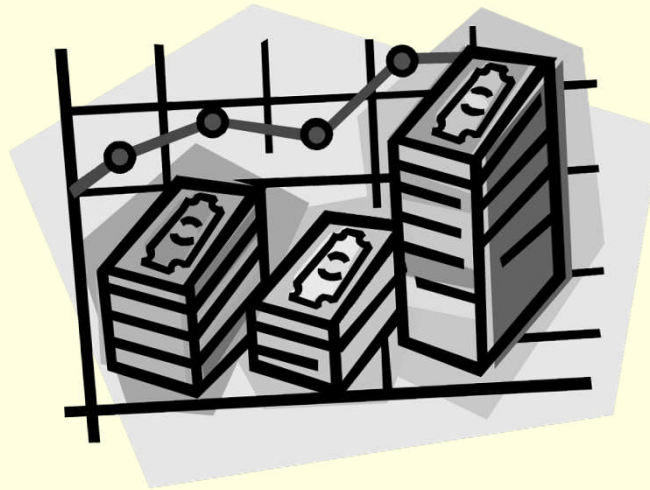
(Paragraph 29.0)

- County and Contractor submit disputes to respective Project Managers
- If not resolved within 10 days, must be submitted to respective Project Directors
- If failure at the levels above, each party may assert other rights and remedies

Title of Intellectual Property

(Paragraph 64.0)

- County claims ownership of all rights, title, and interest in any and all software and “tools” developed by Contractor or on behalf of Contractor using MHSA IT funds
- “Tools” includes questionnaires, interview formats, and surveys developed by Contractor or on behalf of Contractor to measure client outcomes or service outcome improvement
- County may waive Intellectual Property rights at its sole discretion



Detail Cost Reporting

Detail Cost Reporting - MH 1901 Schedule B

Entity Name: <u>XYZ Agency Inc.</u>	Entity Number: <u>999</u>
Fiscal Year: <u>2009 - 2010</u>	

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	F	G
				SD/MC DATA		
Settlement Type	Mode	SF	Total Units of Service	Units 07/01/09 - 09/30/09	Units 10/01/09 - 06/30/10	Total Units
1	CR	05	65	5,000	300	2,000
2	CR	10	85	10,000		
3	CR	15	04	96,000	8,000	23,000
4	CR	15	10	80,000	10,000	30,000
5	CR	15	42	165,000	50,000	120,000
6	CR	15	52	175,000	50,000	130,000
7	CR	15	77	86,000	30,000	80,000
8	CR	45	10	3,000		
9	CR	45	20	20,000		
10	MAA	55	01	75,000	25,000	75,000
11	MAA	55	17	35,000	10,000	35,000
12	CR	60	40	10,000		
13	CR	60	70	1		
14	CR	60	71	1		
15	CR	60	72	1		
16	CR	60	75	1		
17	CR	60	78	1		
18						
19						
20						

[illegible]

Detail Cost Reporting - MH 1901 Schedule C

Entity Name: XYZ Agency Inc.

Fiscal Year: 2009 - 2010

Allocation

☐ Rate for Allocation ☐ SMA Rate

☐ Published Charges ☒ Directly Allocated

Allowable Mode

	A	B	C	D	E	F
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data
1	CR	05	65	5,000		593,590
2	CR	10	85	10,000		1,594,720
3	CR	15	04	96,000		161,598
4	CR	15	10	80,000		170,103
5	CR	15	42	165,000		380,075
6	CR	15	52	175,000		403,110
7	CR	15	77	86,000		228,577
8	CR	45	10	3,000		87,710
9	CR	45	20	20,000		584,731
10	MAA	55	01	75,000	100,000	
11	MAA	55	17	35,000	50,000	
12	CR	60	40	10,000		265,787
13	CR	60	70	1	6,000	
14	CR	60	71	1	30,000	
15	CR	60	72	1	154,500	
16	CR	60	75	1	7,500	
17	CR	60	78	1	102,000	
18						
19						
20						
21						

Schedule of Eligible Direct Cost Mode 60 - Supplemental to MH 1901 Schedule C

D. Older Adult	Client Support Services (Flex Funds)						
	MHSA - Jail Linkage Services						
	MHSA - Outreach and Engagement						
	MHSA - Technological Needs Projects:						
	Personnel						*
	Hardware						*
	Software						*
	Contract Services						*
	Other Expenses						*
	Start-Up						*
	Realignment/CGF						*
	CalWORKS						*
	PATH						*
	Other: (Please specify)						*
	Total Amount (To be reported in MH 1901 Schedule C, Column E)	100,000		200,000			300,000

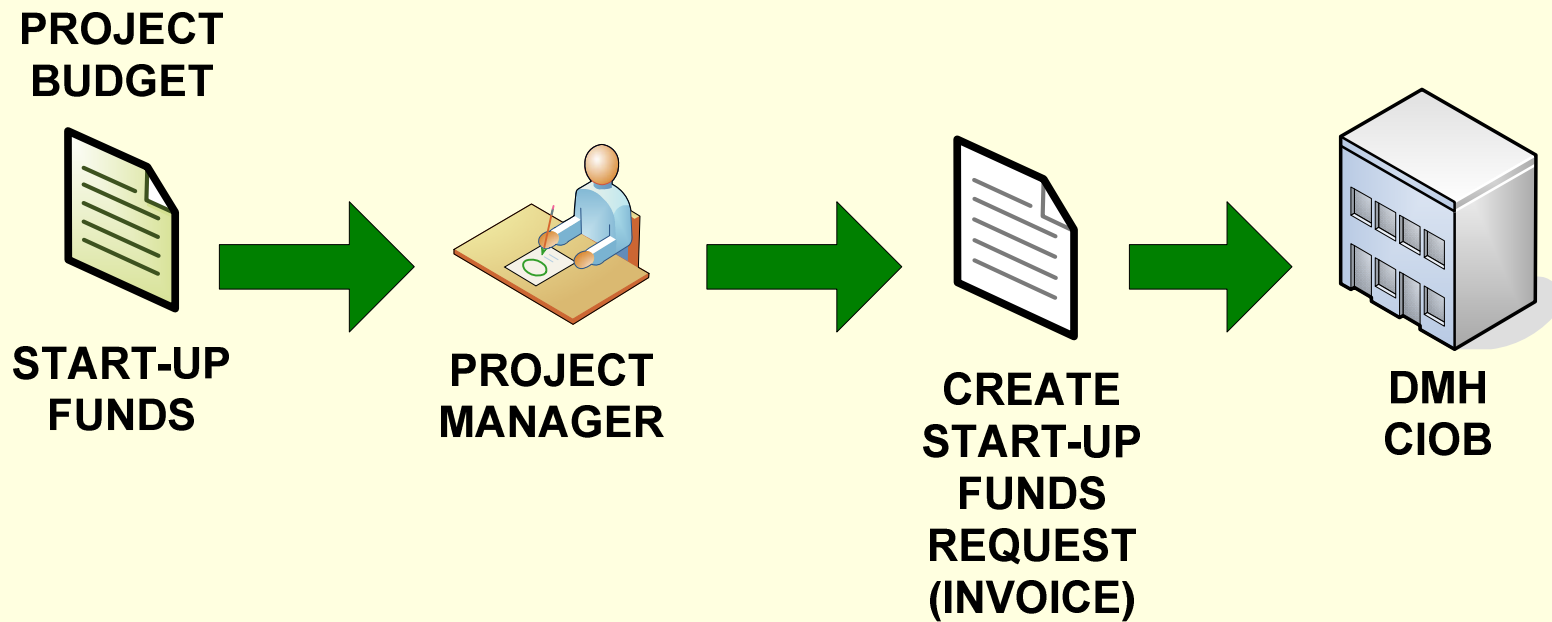


Project Management



Invoices

Start-up Funds Request



Start-up Funds Request - Amount Shown on Exhibit 4 – Budget Summary

Other Expenses (Describe)			
Total Other Expenses	0		
MHSA IT Funds Request (A)	53,995	28,875	
Non-MHSA Funding (B)	17,998		1
OVERALL PROJECT COSTS	71,993	28,875	
NOTE: If requesting project start-up funds, please describe the reason for			

FAX forms to: **DMH CIOB** Attn: CPTT at: 213-252-874

Start-Up Funds Request

(Top of Start-Up Funds Request)

SAMPLE START-UP FUNDS REQUEST

DMH INVOICE NO. (DMH Use Only) _____		INVOICE DATE: <u>04/01/2010</u>	CONTRACTOR INVOICE NO. <u>IT-2010-05-30</u>
INVOICE PERIOD:		PROJECT NAME: <u>Clinical Data and Practice Mgmt. System Project</u>	
Monthly	Fiscal Year	From:	To:
<input checked="" type="checkbox"/> Month/Date	<u>09-10</u>		
Quarterly			
<input type="checkbox"/> Jan.-Mar.			
<input type="checkbox"/> Apr.-Jun.			
<input type="checkbox"/> Jul.-Sept.			
<input type="checkbox"/> Oct.-Dec.			
Project ID No.		<u>CDM00999A</u>	
Contract No.		<u>MH100999</u>	
Legal Entity No.		<u>00999</u>	
Final Invoice		<input type="checkbox"/> (check if final)	
SUBMIT TO:		CONTRACTOR REMITTANCE INFORMATION:	
County of Los Angeles		Name: <u>XYZ Agency, Inc.</u>	
Department of Mental Health		Address: <u>123 Main Street</u>	
Chief Information Office Bureau		City, State, ZIP: <u>Los Angeles, CA 90000</u>	
695 S. Vermont Avenue, 7 th Floor		Phone: <u>(213) 555-1212</u>	
Los Angeles, CA 90005		Email: <u>JDoe@XYZAgency.org</u>	
Attn: Gordon Bunch, MA		Contractor's Project Director: <u>John Doe, Ph.D., Executive Director</u>	

Start-Up Funds Request

(Bottom of Start-Up Funds Request)

1. Description of work performed during the invoice period.

2. Invoice Amount by Budget Category:

• Personnel

N/A

• Hardware

N/A

• Software

N/A

• Contract Services

N/A

• Other Expenses

N/A

• Start-up Costs

\$28,875.00

3. Total Invoice Amount: \$28,875.00

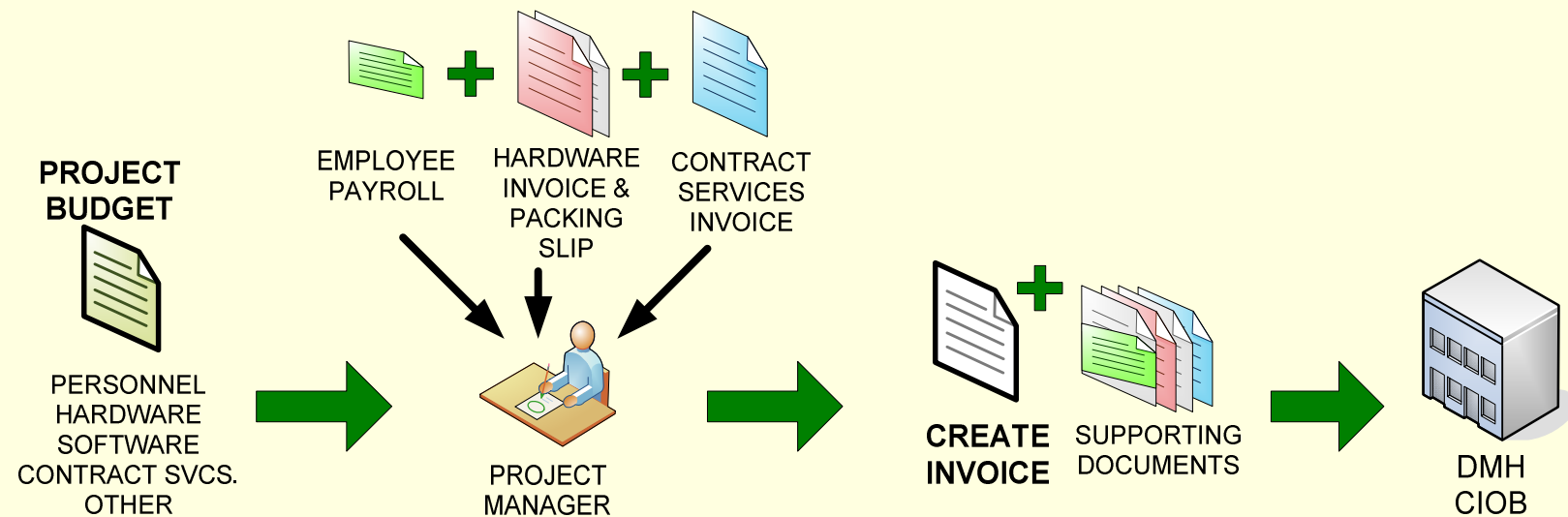
4. Cumulative Amount Invoiced to Date: \$28,875.00

5. Projected Remaining MHSA Project Costs: \$129,223.00

Contractor's Project Director Signature: John Doe, Ph.D., Executive Director Date: 4/01/10

DMH USE ONLY

Standard Invoice Process



Your Project Budget

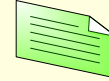
(SAMPLE) Exhibit 4 – Budget Summary For Technological Needs Project Proposal

Project Title: Clinical Data and Practice Management System Project Consortium (Y/N) N

Contract Agency Name: XYZ Agency, Inc. Legal Entity Number: 00999

Category	Fiscal Year 1 <i>FY09-10</i> (a)	Fiscal Year 1 Start-up* (b)	Fiscal Year 1 Adjusted (a-b)=(c)	Fiscal Year 2 <i>FY10-11</i> (d)	Fiscal Year 3 <i>FY11-12</i> (e)	Fiscal Year 4 <i>FY12-13</i> (f)	Total Project Costs (a+d+e+f)
Personnel							
<i>Project Manager (0.5 FTE)</i>	9,375		9,375	6,250			15,625
Total Staff (Salaries & Benefits)	9,375		9,375	6,250			15,625
Hardware							
<i>PCs, Laptops and Printers</i>	25,125	25,125	0				25,125
Total Hardware	25,125	25,125	0				25,125

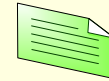
Employee Pay Verification



EMPLOYEE
PAYROLL

Contractor Name:	<u>XYZ Agency, Inc.</u>	
Legal Entity No.:	<u>00999</u>	
Project Name:	<u>Clinical Data & Practice Mgmt. System Project</u>	
Project ID No:	<u>CDM00999A</u>	
Invoice Period:	<u>04/01/2010</u> Start Date	<u>04/30/2010</u> End Date
Employee Name:	<u>Sandra Sample</u>	
Title/Role:	<u>IT Manager (Project Manager)</u>	
Hours During Invoice Period:	<u>176</u> Hours	
Hours on Project:	<u>N/A</u> Hours	
OR		
Percentage Time on Project:	<u>50%</u> Percentage	

Employee Pay Verification



EMPLOYEE
PAYROLL

(Sample Employee Verification – Continued)

Proportion of Time Billable to MHSA: 75%
Percentage

Gross Pay Amount: \$8,333.33

Requested Reimbursement Amount: \$3,125.00

Description of Employee's Work on Project During the Invoice Period:

Employee developed Project Plan, convened review panels, qualified vendors, managed contracting process, conducted needs assessment, and facilitate user input groups.

Contractor's Project Manager
or Project Director Signature

John Doe, Ph.D., Exec. Dir.

Date:

May 4, 2010

Hardware Invoice



HARDWARE

Qty	Stock #	Description	Unit Price	Total
5	LAP-987-BST	Laptop Computer - 17"	\$1,500.00	\$7,500.00
20	DSK-654-BST	Desktop Computer w/ Monitor	\$1,200.00	\$24,000.00
4	PRN-444-TER	Network Printer B/W	\$500.00	\$2,000.00
<p><i>Per TNFA, 75% approved for MHSA IT Funding. \$33,500.00 x 0.75 = \$25,125.00 Invoice to LAC-DMH. - Sandra Sample, Project Manager</i></p>				
Subtotal				\$33,500.00
Shipping				
Subtotal				\$33,500.00
Sales tax rate				
Sales tax on purchase				
Total				\$33,500.00

PAID 5/6/10

Contract Services Invoice



CONTRACT
SERVICES

DESCRIPTION	HOURS	RATE	AMOUNT
Information Technology Assistant			
Assessed Hardware Requirements	50	25.00	1250.00
Software Configuration Requirements	80	25.00	2000.00
Assisted in EDI Certification Process	46	25.00	1150.00
<i>Per TNFA, 75% approved for MHSA IT Funding. \$4,400.00 x 0.75 = \$3,300.00 Invoice to LAC-DMH. - Sandra Sample, Project Manager</i>			
TOTAL			4,400.00

PAID 5/06/10

Invoicing DMH

(Standard Invoice Form – Top Half)

SAMPLE INVOICE

DMH INVOICE NO. (DMH Use Only) _____		INVOICE DATE: <u>05/31/2010</u>		CONTRACTOR INVOICE NO. <u>IT-2010-05-31</u>																																	
INVOICE PERIOD:				PROJECT NAME:																																	
<table border="1"><thead><tr><th></th><th><u>Fiscal Year</u></th><th><u>From:</u></th><th><u>To:</u></th></tr></thead><tbody><tr><td>Monthly</td><td></td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/> Month/Date</td><td><u>09-10</u></td><td><u>April 1</u></td><td><u>April 30</u></td></tr><tr><td>Quarterly</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Jan.-Mar.</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Apr.-Jun.</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Jul.-Sept.</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> Oct.-Dec.</td><td></td><td></td><td></td></tr></tbody></table>					<u>Fiscal Year</u>	<u>From:</u>	<u>To:</u>	Monthly				<input checked="" type="checkbox"/> Month/Date	<u>09-10</u>	<u>April 1</u>	<u>April 30</u>	Quarterly				<input type="checkbox"/> Jan.-Mar.				<input type="checkbox"/> Apr.-Jun.				<input type="checkbox"/> Jul.-Sept.				<input type="checkbox"/> Oct.-Dec.				<u>Clinical Data and Practice Mgmt. System Project</u>	
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Los Angeles, CA 90005				Email: <u>JDoe@XYZAgency.org</u>																																	
Attn: Gordon Bunch, MA				Contractor's Project Director: <u>John Doe, Ph.D., Executive Director</u>																																	

Invoicing DMH

(Standard Invoice Form – Continued)

1. Description of work performed during the invoice period.

PM developed project strategy, charter and plan. ITA (consultant) configured and installed hardware.

Equipment (hardware) purchases completed, equipment received, bill paid.

(Original invoices attached.)

2. **Invoice Amount by Budget Category:**

• Personnel \$3,125.00

• Hardware

• Software

• Contract Services \$3,300.00

• Other Expenses

• Start-up Costs \$25,125.00

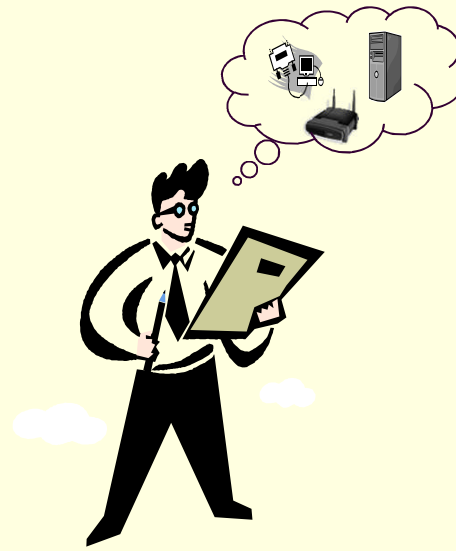
3. **Total Invoice Amount:** \$6,425.00

4. Cumulative Amount Invoiced to Date: \$35,300.00

5. Projected Remaining MHSA Project Costs: \$122,798.00

Contractor's Project Director **Signature:** John Doe, Ph.D., Executive Director Date: 5/31/10

DMH USE ONLY



Asset Reporting

Asset Reporting

- All assets purchased with MHSA IT funds must be tagged with County asset tags
- Assets are either Portable or Fixed
 - Portable Asset – Value \geq \$100 and $<$ \$5,000
 - Fixed Asset – Value \geq \$5,000
- Portable Assets must bear a **Green** DMH Asset Tag
- Fixed Assets must bear a **Silver** DMH Asset Tag **and** a **Green** DMH Asset Tag

Asset Reporting

- Assets requiring tags will be identified through the invoice process
 - Invoice supporting documentation (e.g. packing slips) will inform DMH of asset purchases and equipment values
- CPTNP Unit will dispense tags following invoice approval and note the invoice form accordingly and send a copy of the approved invoice to the Contractor

Asset Reporting

- Contractor must tag all equipment within three (3) days of receipt of asset tags
- Contractor will report all assets to DMH after they are tagged by completing an “Interim” Assets Inventory Report within ten (10) days of receipt of asset tags
- Asset reports must be project specific

Asset Reporting

- In addition to reporting assets as they are acquired, Contractors must submit project-specific Assets Inventory Reports on a fixed schedule
 - “Initial” Assets Inventory Report
 - Ninety (90) days following execution of TNFA
 - “Annual” Assets Inventory Report
 - At the close of each Fiscal Year (Due by 9/30)
 - “Final” Assets Inventory Report
 - One year after project completion or;
 - Upon contract termination (whichever comes first)

Asset Reporting

- One year following successful project completion
 - County relinquishes its proprietary interest
 - Asset reporting requirement for project assets ends
 - DMH Asset tags may be removed
 - Asset reporting requirement for any ongoing projects continues

Asset Reporting

Notification of Tags Issued on Invoice Form

Contractor's Project Director **Signature:** _____ **Date:** _____

DMH USE ONLY	
County's Project Manager Signature: _____	Date: _____
County's Project Director Signature: _____	Date: _____
APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> If denied, state reason: _____	
Green Tags issued: _____	Beginning No.: _____ Ending No.: _____
Silver Tags issued: _____	Beginning No.: _____ Ending No.: _____

Note: Invoices must be submitted in hard copy (paper) format only, including "wet" signatures.

Revised: March, 2011

Asset Inventory Report (Excerpt)

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
CONTRACT PROVIDER TECHNOLOGICAL NEEDS PROJECTS

(DMH Use Only) DMH ASSET REPORT NO.	REPORT TYPE:	ASSET REPORT DATE:
	<u>(90) Day Initial Report</u>	

ASSETS INVENTORY REPORT

Contractor Name

Legal Entity No.

Project ID No.

Project Name

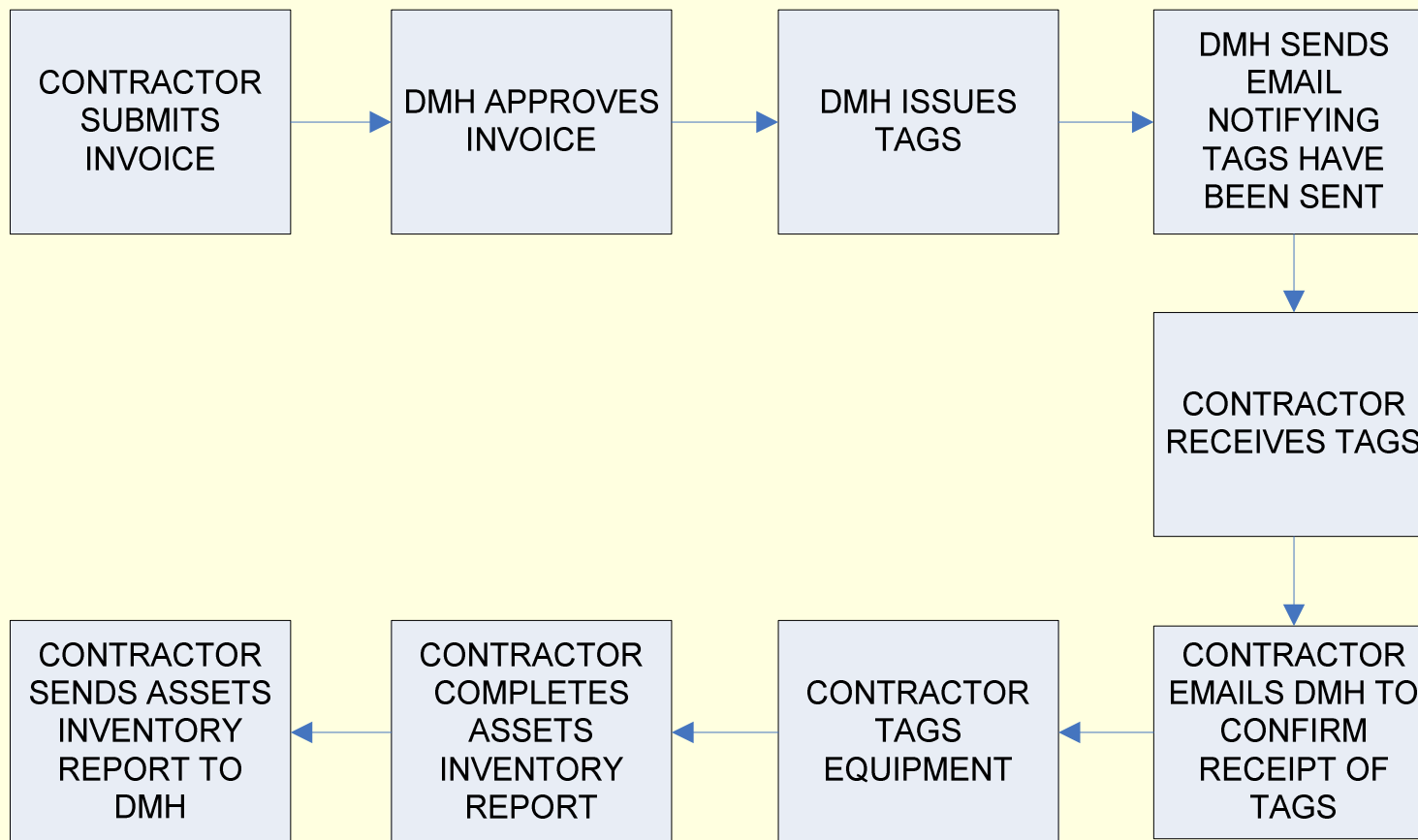
Project Manager

Project Manager Phone No.

[illegible]

Asset Reporting Process

Asset Tag Issuance Flow





Quarterly Project Status Reports (QPSR's)

Quarterly Project Status Reports - (QPSR's)

- QPSR(s) must be submitted for each approved project in the TNFA
- QPSR(s) are project specific - one QPSR per project per quarter

Quarterly Project Status Reports - (QPSR's)

- QPSR(s) must reflect the following:
 - Most recent approved Project Schedule (Appendix C - Summary Schedule)
 - Most recent approved Project Budget
 - Show total Budget by Budget categories
 - Show actual expenditures by Budget categories from project start date through close of the report quarter

Quarterly Project Status Reports - (QPSR's)

QPSR DUE DATES

Full Quarter Cycles	QPSR is due to the County by:
July – September	October 30th
October - December	January 30th
January - March	April 30th
April - June	July 30th

Quarterly Project Status Reports - (QPSR's)

When is my first QPSR due?

*The first QPSR must be submitted no later than
30 days following completion of the first full
quarter.*

Quarterly Project Status Reports - (QPSR's)

When is my first QPSR due?

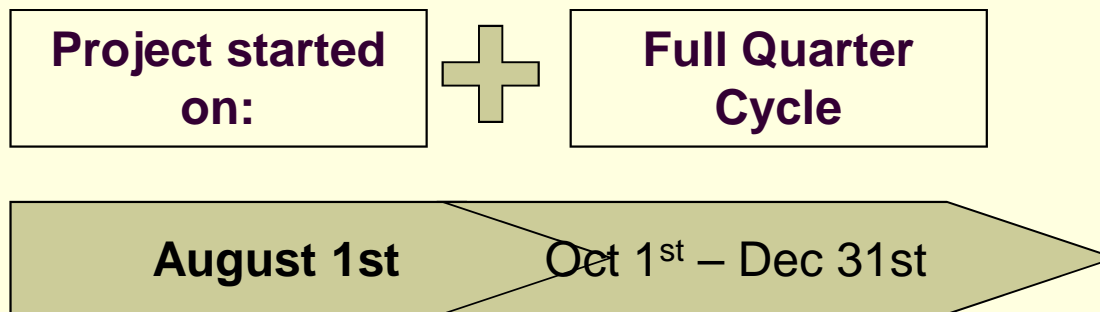
Project started
on:

August 1st

*The first QPSR must be submitted no later than
30 days following completion of the first full
quarter.*

Quarterly Project Status Reports - (QPSR's)

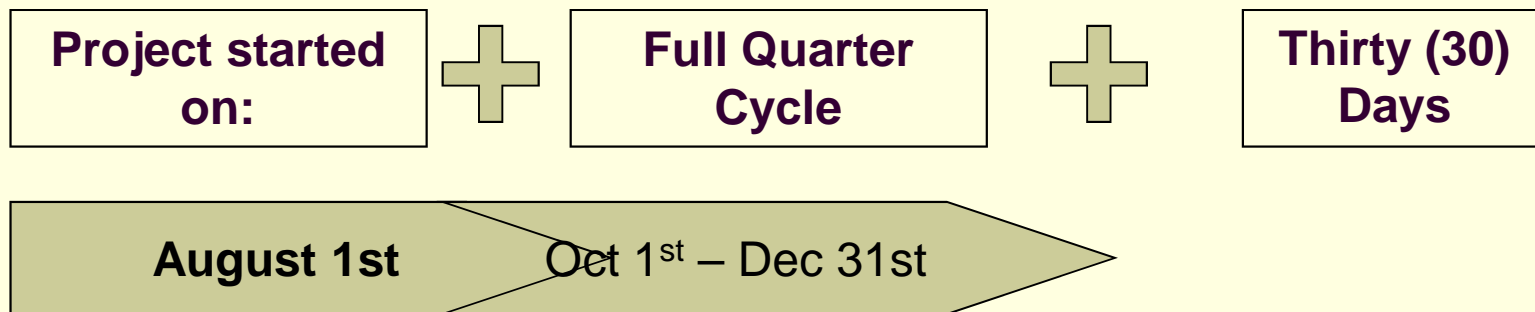
When is my first QPSR due?



*The first QPSR must be submitted no later than
30 days following completion of the first full
quarter.*

Quarterly Project Status Reports - (QPSR's)

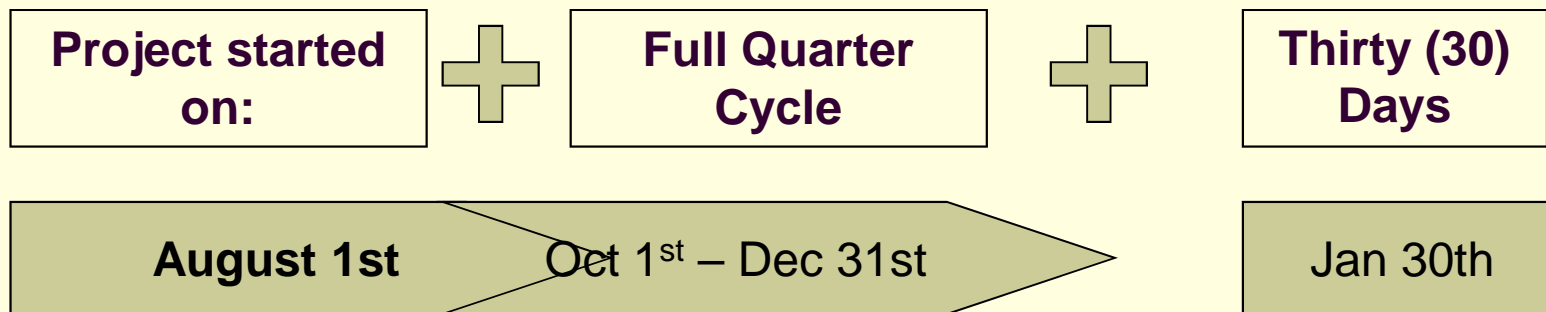
When is my first QPSR due?



The first QPSR must be submitted no later than 30 days following completion of the first full quarter.

Quarterly Project Status Reports - (QPSR's)

When is my first QPSR due?



The first QPSR must be submitted no later than 30 days following completion of the first full quarter.

Quarterly Project Status Reports - (QPSR's)

When is my first QPSR due?

Project added to TNFA between:	First QPSR is due to the County by:
July 2nd – September 30th (Reporting Period – thru Dec 31st)	January 30th
October 2nd – December 31st (Reporting Period – thru Mar 31st)	April 30th
January 2nd – March 31st (Reporting Period – thru Jun 31st)	July 30th
April 2nd – June 30th (Reporting Period – thru Sep 30th)	October 30th

Quarterly Project Status Reports - (QPSR's)

- QPSR(s) will be reviewed by the Analyst assigned to the Contractor
- QPSR(s) may be denied
- Denial will be communicated in writing with specific feedback regarding the reason(s) for denial
- QPSR(s) denied by DMH, must be corrected and resubmitted to DMH within 5 business days of notification

Quarterly Project Status Reports - (QPSR's)

- Within 30 calendar days of project completion, Contractor must submit a QPSR that includes a Post Implementation Evaluation Report (PIER)
- QPSR(s) submitted while the project is “Active” should not include the PIER
 - Leave the PIER page blank but include the blank page with the QPSR



Quarterly Project Status Report (QPSR) SAMPLE

County of Los Angeles
Department of Mental Health
SAMPLE Quarterly Project Status Report
For an MHSA-Funded IT Project

DMH CONTROL NO. (DMH Use Only)

PROJECT INFORMATION

Project Name: <i>Clinical Data and Practice Mgmt. System Project</i>		Project ID No.: <i>CDM00999A</i>
Contractor Name: <i>XYZ Agency, Inc.</i>		Legal Entity No.: <i>00999</i>
Contractor's Executive Sponsor: <i>Mary Doe</i>		Title: <i>Director of Clinical Operations</i>
Project Status	Budget Status	Report for Quarter Ending: <i>12/31/2012</i>
<input checked="" type="checkbox"/> On Schedule	<input checked="" type="checkbox"/> Within Approved Budget	Project Start Date: <i>04/01/2010</i>
<input type="checkbox"/> Ahead of Schedule	<input type="checkbox"/> Over Budget	Project End Date: <i>06/27/2013</i>
<input type="checkbox"/> Behind Schedule		
Contractor's Project Director: <i>Dr. John Doe, Ph.D, Executive Director</i>		
Phone: <i>(213) 555-1212</i>		
Email: <i>JDoe@XYZAgency.org</i>		
Project Objectives: <i>Transition to an electronic clinical data and practice management system with EDI functionality to exchange data electronically with DMH.</i>		
Consortium Agencies (If applicable): <i>N/A</i>		

County of Los Angeles
Department of Mental Health
SAMPLE Quarterly Project Status Report
For an MHSA-Funded IT Project

DMH CONTROL NO. (DMH Use Only)

PROJECT INFORMATION

Project Name: *Clinical Data and Practice Mgmt. System Project*

Project ID No.: *CDM00999A*

Contractor Name: *XYZ Agency, Inc.*

Legal Entity No.: *00999*

Contractor's Executive Sponsor: *Mary Doe*

Title: *Director of Clinical Operations*

Project Status

Budget Status

Report for Quarter Ending: *12/31/2012*

☒ On Schedule

☒ Within Approved Budget

☐ Ahead of Schedule

☐ Over Budget

Project Start Date: *04/01/2010*

☐ Behind Schedule

Project End Date: *06/27/2013*

Contractor's Project Director: *Dr. John Doe, Ph.D, Executive Director*

Phone: *(213) 555-1212*

Email: *JDoe@XYZAgency.org*

Project Objectives: *Transition to an electronic clinical data and practice management system with EDI functionality to exchange data electronically with DMH.*

Consortium Agencies (If applicable): *N/A*

County of Los Angeles
Department of Mental Health
SAMPLE Quarterly Project Status Report
For an MHSA-Funded IT Project

DMH CONTROL NO. (DMH Use Only)

PROJECT INFORMATION

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Project ID No.: *CDM00999A*

Contractor Name: *XYZ Agency, Inc.*

Legal Entity No.: *00999*

Contractor's Executive Sponsor: *Mary Doe*

Title: *Director of Clinical Operations*

Project Status

Budget Status

Report for Quarter Ending: *12/31/2012*

☒ On Schedule

☒ Within Approved Budget

☐ Ahead of Schedule

☐ Over Budget

Project Start Date: *04/01/2010*

☐ Behind Schedule

Project End Date: *06/27/2013*

Contractor's Project Director: *Dr. John Doe, Ph.D, Executive Director*

Phone: *(213) 555-1212*

Email: *JDoe@XYZAgency.org*

Project Objectives: *Transition to an electronic clinical data and practice management system with EDI functionality to exchange data electronically with DMH.*

Consortium Agencies (If applicable): *N/A*

County of Los Angeles
Department of Mental Health
SAMPLE Quarterly Project Status Report
For an MHSA-Funded IT Project

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Legal Entity No.: *00999*

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Title: *Director of Clinical Operations*

Project Status

Budget Status

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County of Los Angeles
Department of Mental Health
SAMPLE Quarterly Project Status Report
For an MHSA-Funded IT Project

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Project ID No.: *CDM00999A*

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Title: *Director of Clinical Operations*

Project Status

Budget Status

Report for Quarter Ending: *12/31/2012*

☒ On Schedule

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Project Start Date: *04/01/2010*

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Project End Date: *06/27/2013*

Contractor's Project Director: *Dr. John Doe, Ph.D, Executive Director*

Phone: *(213) 555-1212*

Email: *JDoe@XYZAgency.org*

Project Objectives: *Transition to an electronic clinical data and practice management system with EDI functionality to exchange data electronically with DMH.*

Consortium Agencies (If applicable): *N/A*

(Sample Quarterly Status Report – Continued)

MAJOR TASK/MILESTONE STATUS							
Task / Milestone	Original Start	Revised Start	Actual Start	Original Completion	Revised Completion	Actual Completion	Status
<i>Project Initiation</i>	<i>04/1/2010</i>	<i>04/15/2010</i>	<i>04/15/2010</i>	<i>05/26/2010</i>	<i>06/09/2010</i>	<i>06/02/2010</i>	<i>Complete</i>
<i>Project Planning</i>	<i>05/27/2010</i>		<i>05/20/2010</i>	<i>09/10/2010</i>		<i>09/01/2010</i>	<i>Complete</i>
<i>Project Execution & Control</i>	<i>06/21/2010</i>		<i>06/11/2010</i>	<i>05/10/2011</i>		<i>05/03/2011</i>	<i>Complete</i>
<i>Project Implementation</i>	<i>04/04/2011</i>		<i>03/04/2011</i>	<i>05/27/2011</i>		<i>05/27/2011</i>	<i>Complete</i>
<i>Ongoing Vendor & Project Support</i>	<i>05/31/2011</i>		<i>05/31/2011</i>	<i>05/28/2013</i>			<i>In Progress</i>
<i>Project Closure</i>	<i>05/29/2013</i>			<i>06/27/2013</i>			<i>Not Started</i>

TOTAL PROJECT BUDGET INFORMATION (MHSA Funding Only)		
Category	Budgeted Costs	Actual Costs to Date
Personnel	<i>\$ 15,625</i>	<i>\$15,625</i>
Hardware	<i>\$25,125</i>	<i>\$25,125</i>
Software	<i>\$ 0</i>	<i>\$ 0</i>
Contract Services	<i>\$ 117,348</i>	<i>\$103,212</i>
Other Expenses	<i>\$ 0</i>	<i>\$ 0</i>
Total Project Costs	<i>\$ 158,098</i>	<i>\$ 143,962</i>

(Sample Quarterly Status Report – Continued)

PROJECT STATUS / MAJOR ACCOMPLISHMENTS / SCHEDULED ACTIVITIES / ISSUES

PROJECT STATUS

- *Clinical Data and Practice Management System has been fully implemented*
- *Project activities are limited to vendor support of the ASP system, hardware maintenance, and internet services*
- *Project is anticipated to close on-schedule on June 27, 2013 with full expenditure of MHSA IT funds*

MAJOR ACCOMPLISHMENTS DURING THE REPORTING PERIOD

- *None*

SCHEDULED ACTIVITIES FOR THE NEXT FISCAL QUARTER

- *None*

ISSUES

- *None*

(Sample Quarterly Status Report – Continued)

RISK MANAGEMENT						
Risk Report						
(Please Provide the Risk Log Along with Mitigation, Contingency Plan for each High Priority Short Term Risk)						
ID	Risk (Describe The Risk In Simple Terms; Provide Any Details In Additional Comment Sheets.)	Probability	Impact	Timeframe	Response	Escalated To DMH
1	ASP User Cost Increase	H	L	M	Accept	N-M/L

Explanation Of Entries

- Probability And Impact Are Based On Three (3) Possible Entries:** High (H), Medium (M), Low (L)
- Timeframe, Estimation Of How Long The Risk Will Be Relevant:** Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- Response:** Possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- Escalated to DMH:** Enter the appropriate description of action(s) taken with regard to each reported risk as follows:
 "Yes" = DMH informed of risk immediately upon recognition of the risk and through means other than the *Quarterly Project Status Report* because the risk represents a significant threat to project success.
 "No – M/L" = DMH was not informed because both the Probability and Impact of the risk are not high.
 "No – H" = DMH should have been informed of the risk prior to completion of the current *Quarterly Project Status Report*, but was not informed timely.

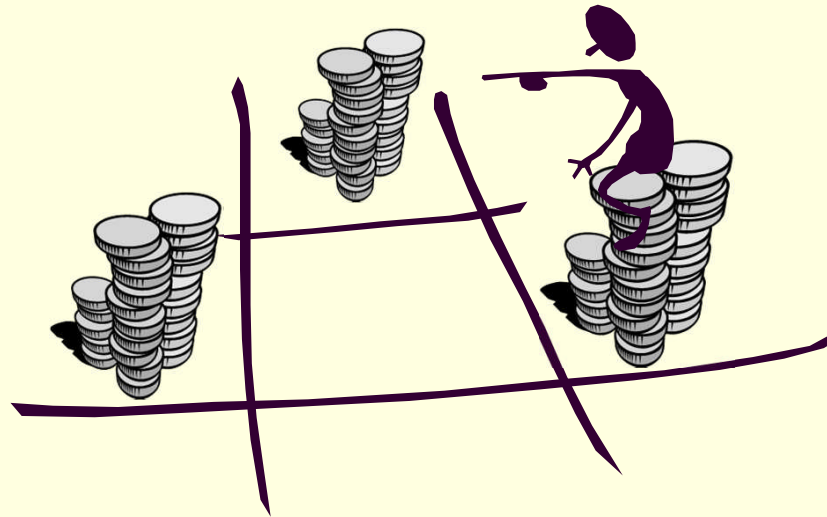
(Sample Quarterly Status Report – Continued)

Contractor Approvals		
<i>Sandra Sample</i>	1/15/2013	(213) 555-1212
Signature Prepared By	Date	Phone
<i>John Doe, Ph.D., Executive Director</i>	1/17/2013	(213) 555-1212
Signature Contractor's Project Director	Date	Phone

Please submit *Quarterly Project Status Reports* in an electronic format or via fax, including images of "wet" signatures of both the Report Preparer and the Contractor's Project Director.

Email *Quarterly Project Status Reports* to:
CPTT@dmh.lacounty.gov

Or FAX *Quarterly Project Status Reports* to:
DMH CIOB Attn: CPTT
(213) 252-8744



Form of Change Notice

Form of Change Notice

- $\leq 15\%$ shifts within a Project Budget
- $\leq 15\%$ shifts between 2 or more Projects
- $\leq 15\%$ of any project budget – shifting uncommitted funds to or from your Total Compensation Amount (TCA)
- Modify Project Scope, Schedule, Approach
- Add a new project to the TNFA

Form of Change Notice - General Guidelines

- Changes should be limited as much as possible
- Changes should be anticipated ≥ 60 days in advance
- Contractor's expenditures must be consistent with approved budgets until a change request is approved by DMH
- Change requests cannot be retroactive

Form of Change Notice - Review Process - Approval

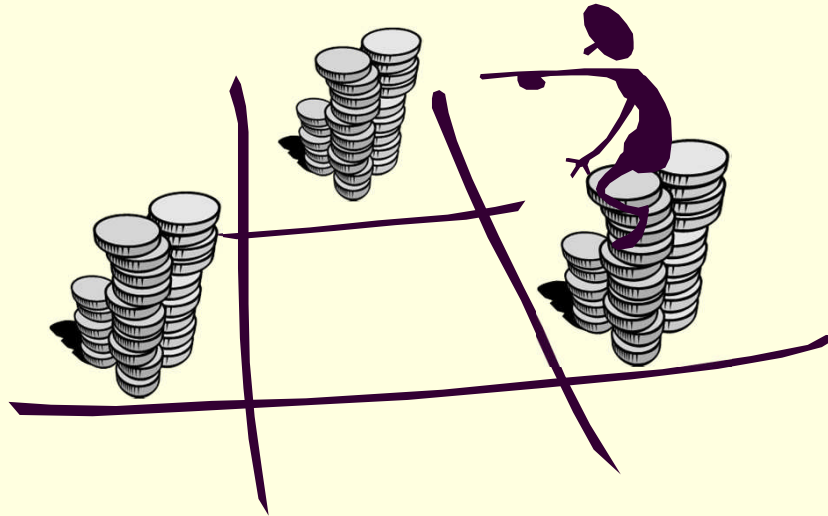
- An Analyst will review Forms of Change Notice within 5 business days of receipt
- Six additional business days are allowed for review and approval by the County Project Manager and the County's Project Director
- Change request is effective upon date signed by County's Project Director

Form of Change Notice - Review Process - Approval

- Contractor will be notified of approval of the change request via e-mail
- Notification of approval will include a copy of the fully executed Form of Change Notice and all supporting documentation (i.e., Revised project budget, project schedule, etc.)

Form of Change Notice - Review Process - Denial

- Contractor will receive a Denial of Change Notice within 10 business days of receipt of Form of Change Notice request
- Reason for denial will be indicated
- Contractor will need to resubmit a revised Form of Change Notice

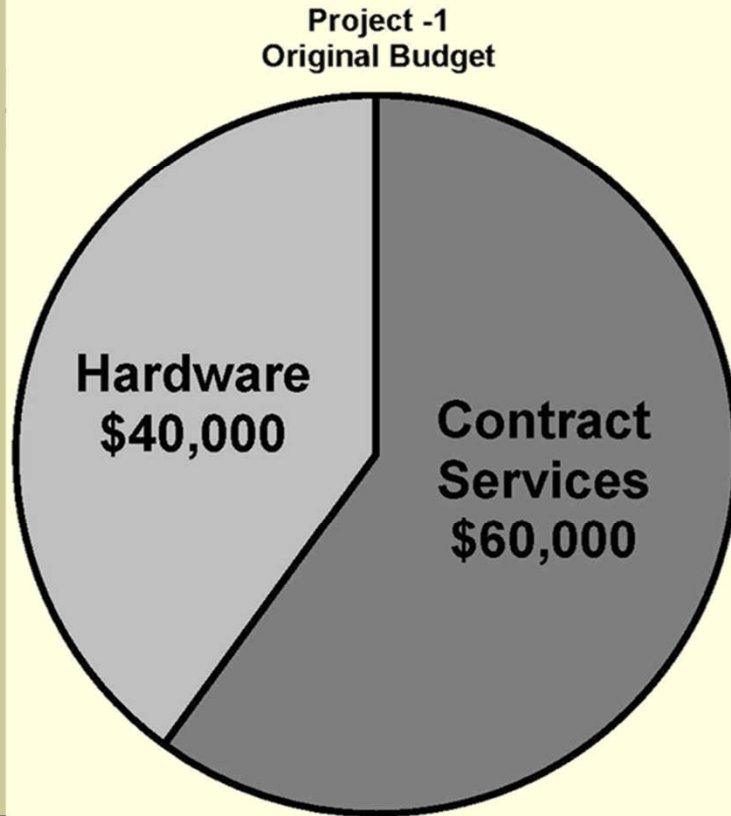


Form of Change Notice

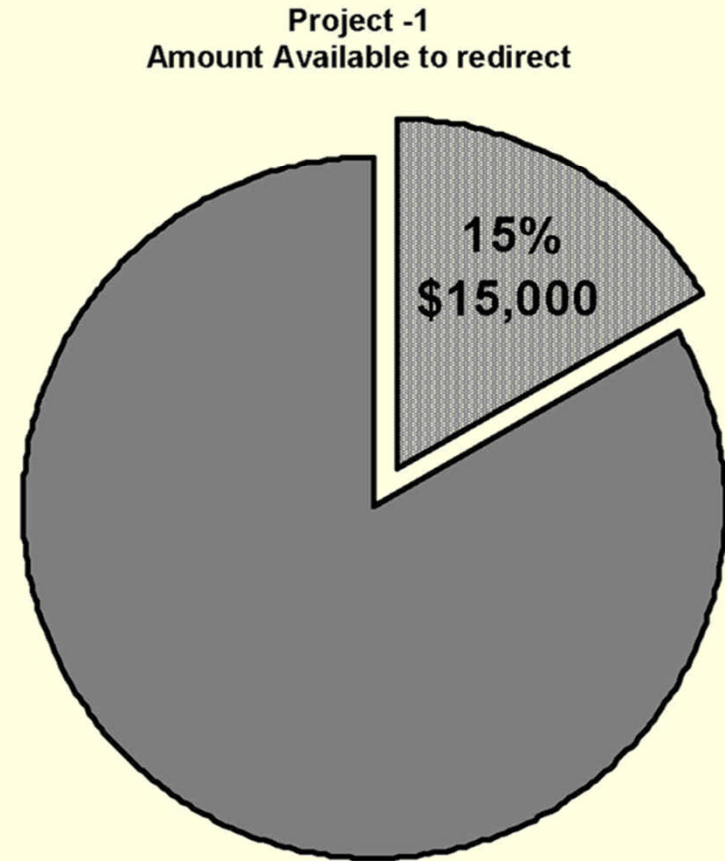
Budget Modifications
between Project Categories

XYZ AGENCY, INC.

15% Maximum Movement between Project Categories via Change Notice



Total Project-1 Budget: \$100,000



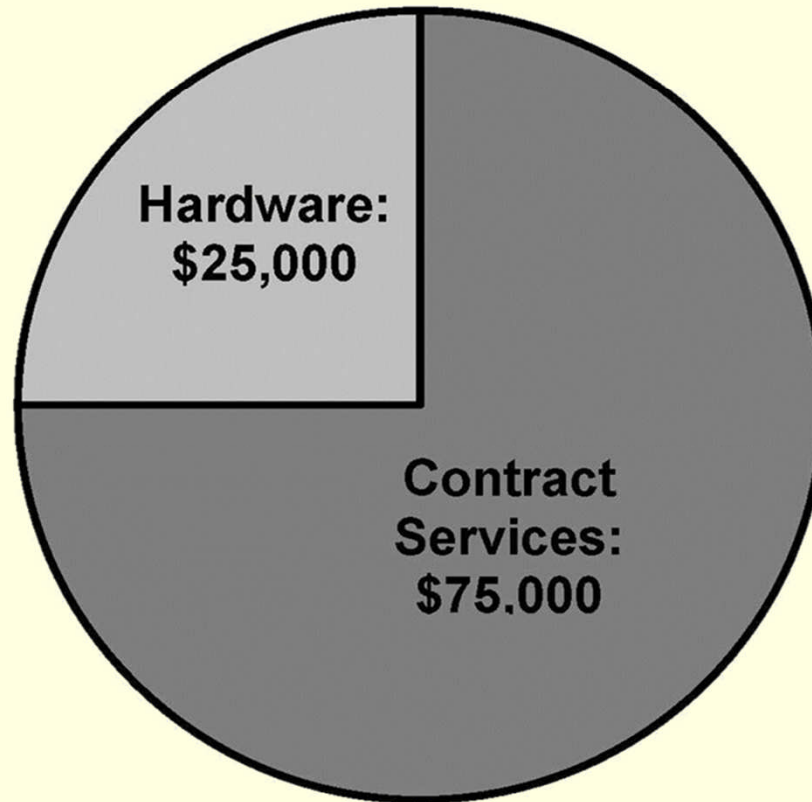
XYZ Agency, Inc. has an approved **Project-1** with a total budget of \$100,000. Project-1 consists of two (2) budget categories; Contract Services and Hardware. As the project progresses, XYZ Agency's hardware needs are less than expected but their Contract Services expenses are more than anticipated.

Via a Change Notice, Contractor may shift a **maximum of 15% of the total project budget** between budget categories. In the example above, XYZ Agency may request a shift of up to \$15K from Hardware to Contract Services.

XYZ AGENCY, INC.

15% Maximum Movement between Project Categories via Change Notice

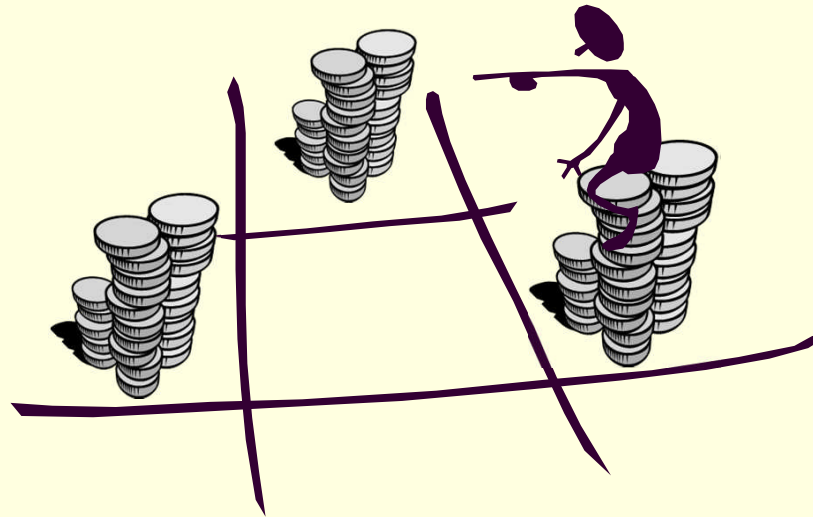
Project -1
Revised Budget



Total Project-1 Budget: \$100,000

Following approval of the Form of Change Notice by DMH, XYZ Agency was able to increase its Contract Services budget amount for Project-1 to \$75,000 and decrease its Hardware budget amount to \$25,000. Since the maximum allowable amount was shifted between budget categories, no future shift of funds between budget categories for Project-1 can be made via a Change Notice.

Note that the total budgeted amount for Project-1 has not changed and remains at \$100,000.



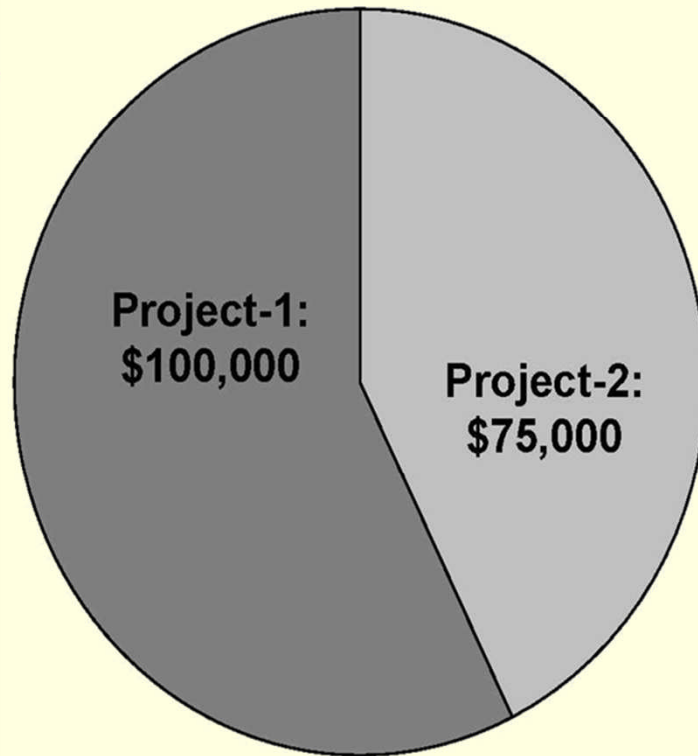
Form of Change Notice

Budget Modifications
between Approved Projects

XYZ AGENCY, INC.

15% Maximum Movement between Approved Projects via Change Notice

ORIGINAL BUDGETS



Total Budget for Project 1 and 2: \$175,000

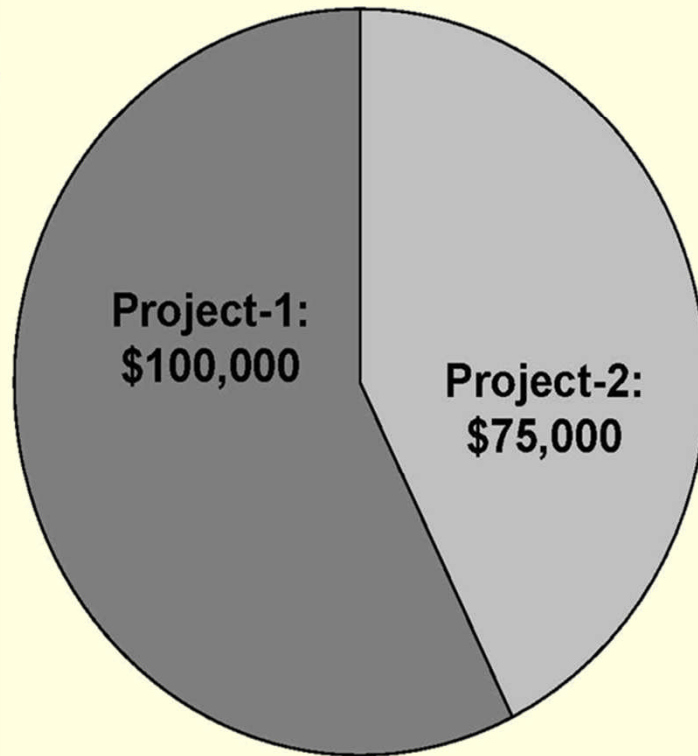
XYZ Agency, Inc. has two approved projects; Project-1 with a budget of \$100K and Project-2 with a budget of \$75K. As the projects progress, XYZ agency's budgetary needs for Project-2 are more than anticipated.

Via a Change Notice a maximum of 15% of any project budget may be shifted to one or more projects.

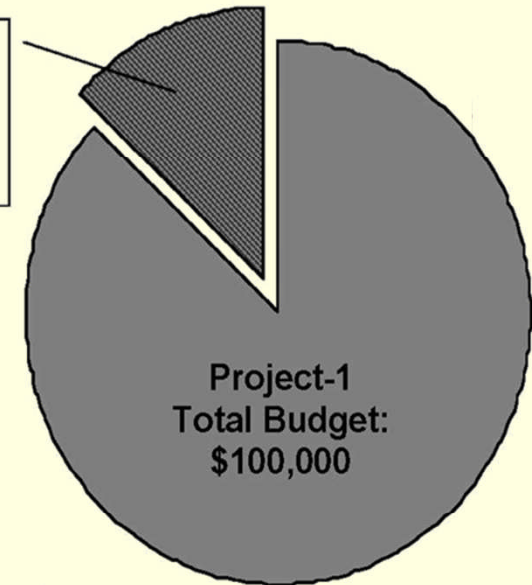
XYZ AGENCY, INC.

15% Maximum Movement between Approved Projects via Change Notice

ORIGINAL BUDGETS



Maximum Amount allowed to
be shifted into or out of
Project-1: \$15,000
(15% of Project Total)



Total Budget for Project 1 and 2: \$175,000

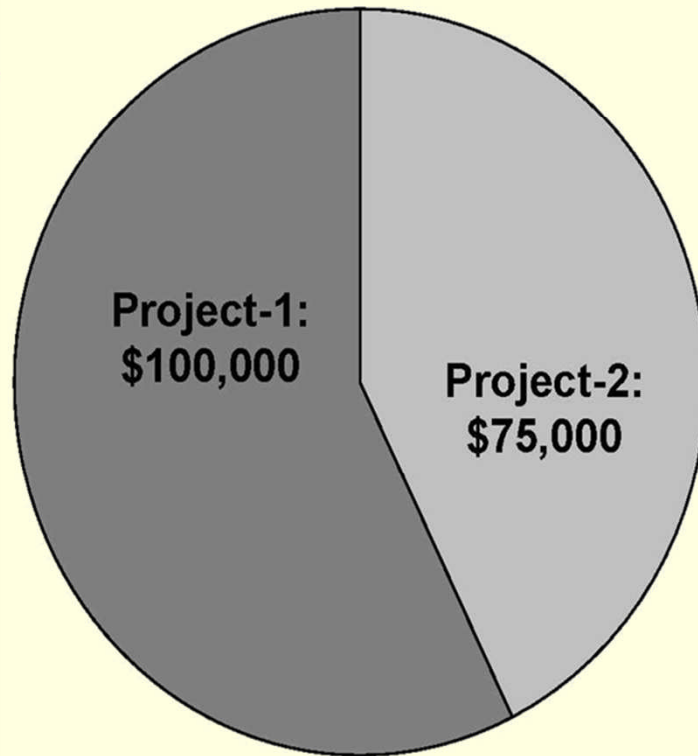
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Via a Change Notice a maximum of 15% of any project budget may be shifted to one or more projects.

XYZ AGENCY, INC.

15% Maximum Movement between Approved Projects via Change Notice

ORIGINAL BUDGETS

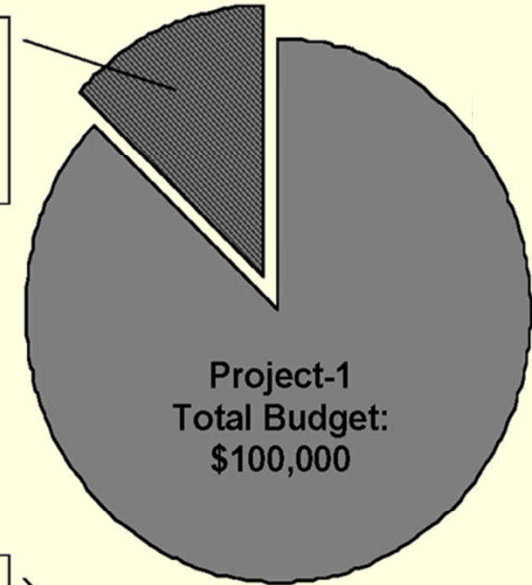


Total Budget for Project 1 and 2: \$175,000

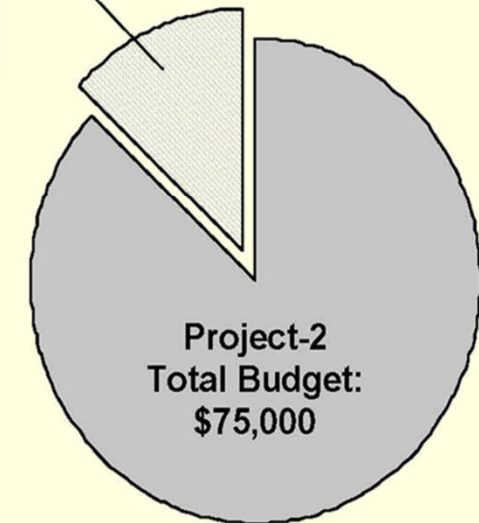
XYZ Agency, Inc. has two approved projects; Project-1 with a budget of \$100K and Project-2 with a budget of \$75K. As the projects progress, XYZ agency's budgetary needs for Project-2 are more than anticipated.

Via a Change Notice a maximum of 15% of any project budget may be shifted to one or more projects.

Maximum Amount allowed to be shifted into or out of Project-1: \$15,000
(15% of Project Total)



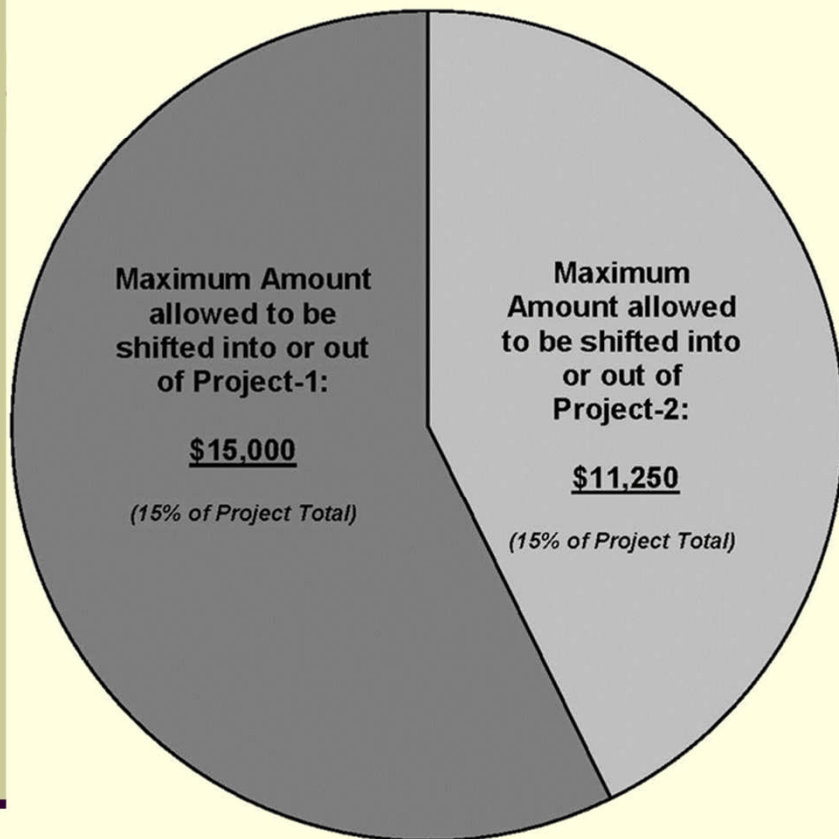
Maximum Amount allowed to be shifted into or out of Project-2: \$11,250
(15% of Project Total)



XYZ AGENCY, INC.

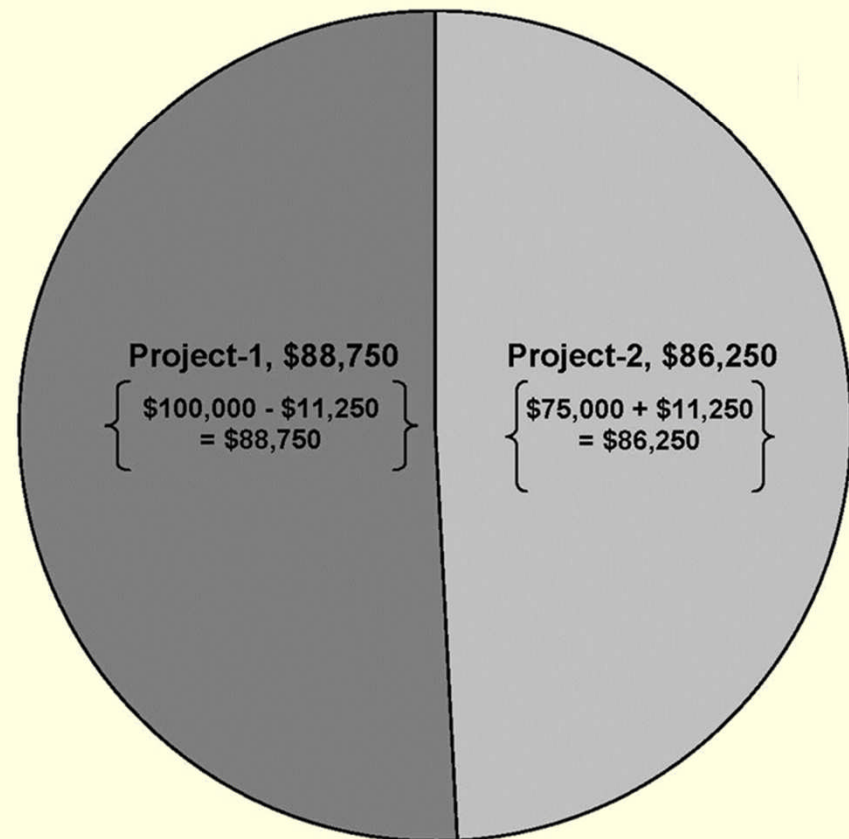
15% Maximum Movement between Approved Projects via Change Notice

ORIGINAL BUDGETS



Total Budget for Project 1 and 2: \$175,000

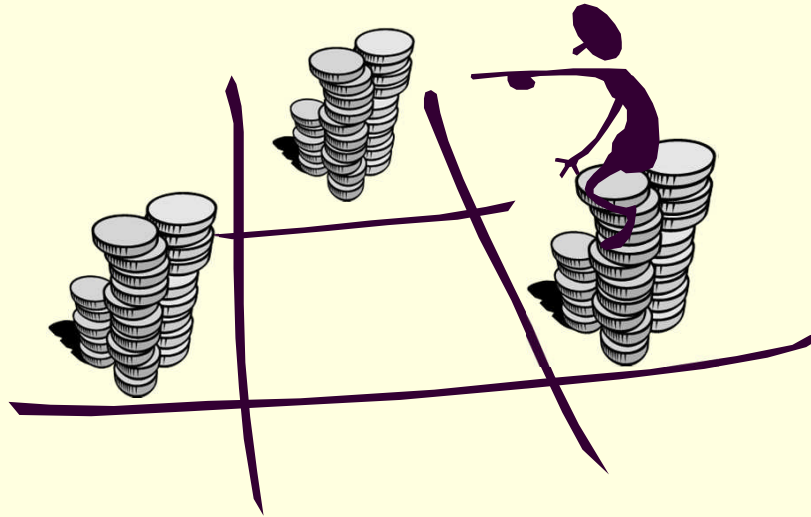
REVISED BUDGETS



Total Budget for Project 1 and 2: \$175,000

Although Project-1 has \$15,000 available for movement, Project-2 is restricted by its own 15% limit. Therefore, Project-2 may only receive a maximum of \$11,250.

Note that the total of each separate project budget has changed, but the sum of Projects 1&2 has not changed and remains at \$175,000.



Form Change Notice

SAMPLE

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
FUNDING AGREEMENT FOR TECHNOLOGICAL NEEDS PROJECT

SAMPLE FORM OF CHANGE NOTICE

REQUEST DATE: <i>August 13, 2010</i>	DMH CONTROL NO. (DMH Use Only)
REQUESTOR INFORMATION: Contractor Name: <u>XYZ Agency, Inc.</u> Address: <u>123 Main Street</u> City, State, ZIP: <u>Los Angeles, CA 90000</u> Phone: <u>(213) 555-1212</u> Email: <u>JDoe@XYZagency.org</u> Contractor's Project Director: <u>John Doe, Ph.D., Executive Director</u>	PROJECT NAME: <u>Clin. Data & Practice Mgmt. System Project</u> Project ID No. <u>CDM00999A</u> Contract No. <u>MH100001</u> Legal Entity No. <u>00999</u>
<p>1. Shift of project funds up to 15% of original project budget:</p> <p><input checked="" type="checkbox"/> Between budget categories within a project <input type="checkbox"/> Between two or more approved projects:</p> <p>From Project No(s). _____ To Project No(s). _____</p> <p>Description: <u>Request to modify budget to accommodate purchase of 5 more desktop computers with monitors (\$1,200 each X 5 = \$6,000), by reallocating to Hardware funds from Contract Services.</u></p>	

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
FUNDING AGREEMENT FOR TECHNOLOGICAL NEEDS PROJECT

SAMPLE FORM OF CHANGE NOTICE

REQUEST DATE: <i>August 13, 2010</i>	DMH CONTROL NO. (DMH Use Only)
REQUESTOR INFORMATION: Contractor Name: <u><i>XYZ Agency, Inc.</i></u> Address: <u><i>123 Main Street</i></u> City, State, ZIP: <u><i>Los Angeles, CA 90000</i></u> Phone: <u><i>(213) 555-1212</i></u> Email: <u><i>JDoe@XYZagency.org</i></u> Contractor's Project Director: <u><i>John Doe, Ph.D., Executive Director</i></u>	PROJECT NAME: <u><i>Clin. Data & Practice Mgmt. System Project</i></u> Project ID No. <u><i>CDM00999A</i></u> Contract No. <u><i>MH100001</i></u> Legal Entity No. <u><i>00999</i></u>

1. **Shift of project funds up to 15% of original project budget:**



Between budget categories within a project



Between two or more approved projects:

From Project No(s). _____ To Project No(s). _____
Description: *Request to modify budget to accommodate purchase of 5 more desktop computers with monitors (\$1,200 each X 5 = \$6,000), by reallocating to Hardware funds from Contract Services.*

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
FUNDING AGREEMENT FOR TECHNOLOGICAL NEEDS PROJECT

SAMPLE FORM OF CHANGE NOTICE

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1. **Shift of project funds up to 15% of original project budget:**

- ☒ Between budget categories within a project ☐ Between two or more approved projects:

From Project No(s). _____ To Project No(s). _____

Description: *Request to modify budget to accommodate purchase of 5 more desktop computers with monitors (\$1,200 each X 5 = \$6,000), by reallocating to Hardware funds from Contract Services.*

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
FUNDING AGREEMENT FOR TECHNOLOGICAL NEEDS PROJECT

SAMPLE FORM OF CHANGE NOTICE

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1. **Shift of project funds up to 15% of original project budget:**

☒ Between budget categories within a project ☐ Between two or more approved projects:

From Project No(s). _____ To Project No(s). _____

Description: *Request to modify budget to accommodate purchase of 5 more desktop computers with monitors (\$1,200 each X 5 = \$6,000), by reallocating to Hardware funds from Contract Services.*

(Form of Change Notice – Continued)

2. **Change project budget within 15% of original project budget. Total Compensation Amount (TCA) remains the same and funds are not shifting to/from other approved project(s):**

- ☐ Increase project budget, adding funds from remaining TCA
☐ Decrease project budget, returning funds to TCA

Description: _____

	Original Budget	Revised Budget	Percent of Change
Project Budget Change:	_____	_____	_____

3. **Add or Modify Technological Needs Project Proposal (Exhibit A):**

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Add a new Project | <input type="checkbox"/> Modify Project Schedule | |
| <input type="checkbox"/> Modify Project Scope | <input type="checkbox"/> Modify Project Approach | <input type="checkbox"/> Other |

Description: _____

Contractor's Project Director Signature: John Doe, Ph.D., Executive Director Date: 08/13/10

DMH USE ONLY

County's Project Manager Signature: _____ Date: _____

County's Project Director Signature: _____ Date: _____

APPROVED ☐ DENIED ☐ If denied, state reason: _____

(Form of Change Notice – Continued)

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	Original Budget	Revised Budget	Percent of Change
Project Budget Change:	_____	_____	_____

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DMH USE ONLY

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(Form of Change Notice – Continued)

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Description: _____

Contractor's Project Director Signature: John Doe, Ph.D., Executive Director Date: 08/13/10

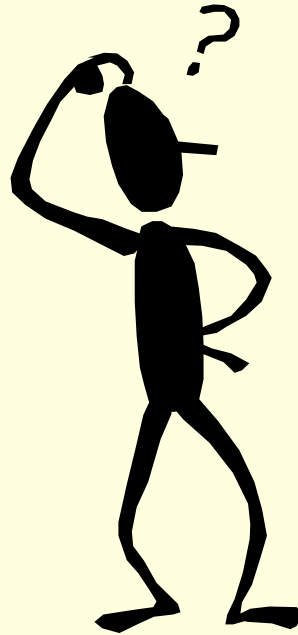
DMH USE ONLY

County's Project Manager Signature: _____ Date: _____

County's Project Director Signature: _____ Date: _____

APPROVED ☐ DENIED ☐ If denied, state reason: _____

QUESTIONS



Additional Considerations

- If Start-up Funds are budgeted, Contractor must invoice monthly until all Start-up funds have been expended
- Invoices are the only business process document that requires an original copy with “wet” signature
 - No need to send electronic copies
 - No need to send via express courier

Additional Considerations

- Invoices will not be approved if Contractor is delinquent on any reporting process:
 - Quarterly Project Status Reports
 - Asset Inventory Reports
- Asset reporting is an ongoing process throughout the contract term

Steps to an Executed TNFA

- 1) CIOB prepares a Service Request (SR) with attached draft TNFA
- 2) SR reviewed and approved by Dr. Robin Kay
- 3) SR reviewed and approved by CFO
- 4) CFO forwards to Contracts Development and Administration (CDAD)
- 5) CDAD processes and mails to Contractor

Steps to an Executed TNFA

- 6) Contractor Reviews and Returns TNFA
- 7) Dr. Southard signs TNFA
- 8) CDAD notifies CIOB of full execution
- 9) CIOB notifies Contractor
- 10) Project may begin

Time to complete Steps 1 to 9 \simeq four weeks

Evaluation





Los Angeles County Department of Mental Health Chief Information Office Bureau

Technological Needs Funding Agreement (TNFA) Orientation